

FILED

DEC 12 2024

Clerk, U. S. District Court
Eastern District of Tennessee
At Chattanooga

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE

Charlotte Holmes

v.

Hamilton County Sheriff's Office
Sheriff Austin Garrett
and John Doe Correctional Staff

NO. 1-24-CV-386
(To be assigned by the Clerk's Office.
Do not write in this blank.)

APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION

I, Charlotte Y Holmes, declare that I am the:

- ☒ plaintiff/petitioner
☐ defendant/respondent
☐ Other: _____

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA

NAME (First Middle Last) YEAR OF BIRTH

Charlotte Yvette Holmes 1977

SOCIAL SECURITY NUMBER (last 4 digits only)

PHONE NOS.

4031

HOME ADDRESS:

2580 Leber Ave Memphis TN 38114

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

N/A

25

MARITAL STATUS:

Single

NAME AND ADDRESS OF CURRENT EMPLOYER:

N/A

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

Student

OCCUPATION (Describe what you do):

IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH.

GROSS:

NET:

IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT:

HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT:

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES
WITHIN THE PAST TWELVE MONTHS?

Business, professional or other form of self-employment? ☐ Yes ☒ No

If YES, state the source and amount:

Rent payments, interest, or dividends? ☐ Yes ☒ No

If YES, state the source and amount:

Pensions, annuities, or life insurance payments? ☐ Yes ☒ No

If YES, state the source and amount:

Gifts or inheritance? ☐ Yes ☒ No

If YES, state the source and amount:

Any other source? ☐ Yes ☒ No

If YES, state the source and amount:

ASSETS:
LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL VALUE

CASH \$ 30,000

CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) \$
(Do NOT include account numbers)

-29,000

SAVINGS ACCOUNTS-TOTAL BALANCE (List Banks Below) \$
(Do NOT include account numbers)

0

STOCKS AND BONDS \$

N/A
REAL ESTATE-CURRENT FAIR MARKET VALUE
(List Locations Below)

N/A \$

\$

\$

TOTAL REAL ESTATE \$ -29,000

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

N/A \$ _____
\$ _____
\$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make	License No.	Current Value
<u>N/A</u>		\$ _____
		\$ _____
		\$ _____

TOTAL VALUE OF MOTOR VEHICLES \$ _____

DEBTS OWED TO YOU (Give Name of Debtor)

N/A \$ _____
\$ _____
\$ _____

TOTAL DEBTS OWED TO YOU \$ _____

OTHER ASSETS (ITEMIZE)

N/A \$ _____
\$ _____
\$ _____

TOTAL OTHER ASSETS \$ _____

TOTAL OF ALL ASSETS: \$ N/A ~~0~~

LIVING EXPENSES

	Monthly Payment	Balance Owing
[] RENT or [] MORTGAGE PAYMENT (check one)	\$ _____	\$ _____
ELECTRICITY	\$ _____	\$ _____
WATER	\$ _____	\$ _____
GAS	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
CHILD CARE	\$ _____	\$ _____
SCHOOL EXPENSES	\$ _____	\$ _____
AUTOMOBILE NOTE	\$ _____	\$ _____
AUTOMOBILE INSURANCE	\$ _____	\$ _____
AUTOMOBILE REPAIRS	\$ _____	\$ _____
GASOLINE	\$ _____	\$ _____
FURNITURE NOTE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
CABLE TELEVISION	\$ _____	\$ _____
LIFE INSURANCE	\$ _____	\$ _____
HOSPITALIZATION INSURANCE	\$ _____	\$ _____
DOCTORS	\$ _____	\$ _____
DRUGS	\$ _____	\$ _____
CREDIT CARDS	\$ _____	\$ _____
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ _____	\$ _____
TAXES	\$ _____	\$ _____
ANY OTHER EXPENSES (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES		\$ _____

SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA

NAME (First Middle Last) YEAR OF BIRTH

N/A

SOCIAL SECURITY NUMBER (last 4 digits only)

PHONE NOS.

HOME ADDRESS (if different from yours):

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what your spouse does):

SPOUSE'S CURRENT MONTHLY INCOME:

Salary or Wages \$ _____

Commissions \$ _____

All other sources (Pensions; Soc.Sec.;
Rent; Interest; Dividends; Alimony, etc.) \$ _____

TOTAL: \$ _____

NAME OF DEPENDENTS AND INCOME (If any)
(For Minor Children, only provide first initials)

Names:	Age:	Relationship:	Living With Whom?
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N/A

TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING
CHILD SUPPORT PAYMENTS (exclude spouse)

\$ _____

TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE,
AND DEPENDENTS

\$ _____

AFFIDAVIT

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

12-12-24

DATE

Charlotte H. H.

SIGNATURE

Created: January 31, 2007
IPF Application.wpd